



BILLINGS • BOZEMAN • HELENA • MISSOULA

2595 ENTERPRISE AVE
BILLINGS, MT 59102
WWW.SELBYS.COM

- BILLINGS
- BOZEMAN
- HELENA
- MISSOULA
- CORPORATION
- PARTNERSHIP
- L.L.C.
- OTHER
- CHECK IF STATEMENT IS REQUIRED

COMPANY INFORMATION

COMPANY NAME: _____

D.B.A. IF ANY: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP/POSTAL CODE: _____ PHONE #: _____

FAX #: _____ EMAIL: _____

NATURE OF BUSINESS: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE #: _____

EMAIL ADDRESS: _____

FEDERAL TAX I.D. #: _____

YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____

STATE OF INCORPORATION: _____ DATE: _____

NAME OF PRINCIPLE: _____ TITLE: _____

HOME ADDRESS: _____ STATE: _____ ZIP: _____

PHONE #: _____

SOCIAL SECURITY NUMBER: _____ % OF OWNERSHIP: _____

ADDITIONAL OWNER: _____ % OF OWNERSHIP: _____

BANK INFORMATION

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CONTACT NAME: _____

ACCOUNT NUMBER: _____ TYPE: _____

ACCOUNT NUMBER: _____ TYPE: _____

RELEASE: This is your authorization of my request for release of information concerning your personal/company credit standing

SIGNATURE: _____

TRADE REFERENCE

NAME OF COMPANY: _____

CONTACT: _____

STATE: _____ CITY: _____

PHONE #: _____ FAX #: _____

NAME OF COMPANY: _____

CONTACT: _____

STATE: _____ CITY: _____

PHONE #: _____ FAX #: _____

I certify that the above information is true and correct. I understand that any and all charges will be paid within 30 days of invoice.

PAST DUE ACCOUNTS ARE SUBJECT TO FINANCE CHARGES OF 1.5% EACH MONTH AT AN ANNUAL RATE OF 18%

MINIMUM FINANCE CHARGE IS \$1.00 PER MONTH

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION SIGNATURE: _____

EMAIL COMPLETED APPLICATION TO JULIE AT: ACCOUNTSRECEIVABLE@SELBYS.COM